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UNCLAS SECTION 01 OF 04 COLOMBO 000803

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SUBJECT: TRANSITIONS AND CHALLENGES IN HIV/AIDS PREVENTION  
ACTIVITIES IN SRI LANKA

¶1. (SBU) SUMMARY: Though Sri Lanka is still considered a low prevalence country for HIV/AIDS, most local HIV/AIDS experts agree that interventions must shift from general awareness campaigns to behavior change approaches targeted at vulnerable and at-risk populations. Government bureaucracy, lack of systematic data on risk behaviors, low knowledge levels, infection rates of at-risk groups and limited financial and human resources, however, inhibit this shift. Stigma and related discrimination further complicate interventions towards at-risk groups by making them "hidden." End Summary

#### CURRENT SITUATION

¶2. (U) Statistics: According to available statistics from the National STD/AIDS Program, the cumulative number of HIV cases since 1986 (when the first case was identified) is ¶743. Ninety-eight new cases were reported within the first nine months of 2005. Estimates of Sri Lanka's infection rates range from 0.04% to 0.08% making it a low prevalence country. Most HIV/AIDS experts in conservative, primarily Buddhist Sri Lanka agree the figures are dramatically underrepresented due to social stigma and discrimination surrounding getting tested, as well as ignorance of the need to be tested if engaged in unprotected sex.

¶3. (SBU) Janet Leno, UNAIDS country coordinator, believes that the government erroneously attributes the low prevalence to its general awareness campaigns and mass communication. She instead cites Sri Lanka's relative isolation (as an island), its comparatively low promiscuity, an ancient tradition of non-penetrative sex (much of the documentation on HIV/AIDS in Sri Lanka discuss the prevalence of Kamasutric practices that would not lead to transmission), and low intra-venous drug use as the major factors. Nonetheless, high risk factors exist, including a significant level of commercial sex work, especially surrounding military camps, low condom use, high sexually transmitted infection (STI) rates, high number of migrant and displaced populations returning from high HIV/AIDS

prevalence regions, increasing drug use, increasingly sexually active youth, low knowledge and awareness of HIV/AIDS among vulnerable and underserved populations, and a limited surveillance system for monitoring. The few studies done by both local and international NGOs suggest a low level of knowledge and continued risky behavior. Such findings contradict assertions about the effectiveness of current HIV/AIDS awareness campaigns.

#### STIGMA AND DISCRIMINATION PERMEATE SRI LANKAN SOCIETY

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¶4. (SBU) Accompanying limited knowledge about HIV/AIDS is widespread stigma and discrimination within the health sector, the workplace, current legislation, and the media.

--Health Sector: A recent Center for Policy Alternatives (CPA) report documents high levels of stigmatization within the healthcare sector, but respondents noted a marked improvement at the National STD clinic and at the Infectious Disease Hospital (IDH), the national referral hospital. Caregivers' lack of experience and a severe lack of resources of dealing with the disease are often blamed for feeding discriminating sentiments.

--Workplace: High levels of discrimination in the workplace have resulted in 98% of those infected with HIV losing their jobs, an issue currently being addressed by ILO's HIV/AIDS in the Workplace Program, which was launched on July 8th, ¶2005.

--Legislation: No laws exist to protect the rights of people living with HIV/AIDS (PLWHAs). Homosexual behavior is

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illegal in Sri Lanka under Section 365A of the Penal Code. Recent efforts to decriminalize it led to a public backlash and even more stringent anti-homosexual provisions.

--Media: The media has been critiqued in the past for "numbers-oriented" reporting, breaches in confidentiality, casting moral judgments on mode of transmission, and sensationalizing AIDS as a "killer disease." Leno suggested that the media can play an important role as an outlet for PLWHAs to begin speaking out publicly so that the disease becomes "normalized." Therefore, incorporation of the media into future work would help reduce stigma and discrimination.

#### SLOW GSL BUREAUCRACY JUMPSTARTED BY WORLD BANK FUNDS

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¶5. (SBU) National STD/AIDS Committee: Despite commendation for its early recognition of the HIV/AIDS threat, the GSL has made slow progress on its national AIDS policy and its strategy plan. (Note: Its National AIDS Committee has not met in over six months due to a vacancy in the chair. End Note.) In addition, local HIV/AIDS activist Sherman de Rose has criticized the committee for prioritizing a clinical rather than a community focus and stresses the need to diversify committee representation beyond medical doctors to include other stakeholders.

--National AIDS Policy: The Committee still has not released a national AIDS policy. Even though the current draft reaffirms the GSL's commitment to critical issues such as voluntary and confidential testing, condom promotion, and a commitment to human rights and non-discrimination policies, Leno felt it still needed more operational details, particularly surrounding the provision of drugs.

--National Strategy Plan: The 2002-2006 Strategy Plan included a long list of relevant actions, but did not indicate priorities or the costs of implementing the various actions, which will hopefully be rectified in the upcoming plan for 2007-2011.

¶6. (U) National HIV/AIDS Prevention Project (NHAPP): The WB pledged USD 12.6 million over five years to jumpstart HIV/AIDS prevention activities through NHAPP. Begun in 2003, the first component set up targeted interventions among highly vulnerable groups to sensitize those at greatest risk. A second round of proposals will give up to 40 grants for community-level HIV/AIDS prevention among at-risk populations with four larger grants to umbrella organizations to take on entire at-risk populations in certain locations. Funding will be used for data collection and behavioral surveys to devise behavioral change interventions and for capacity-building assistance to NGOs.

#### A SURVEY OF CURRENT INTERVENTIONS WITH AT-RISK POPULATIONS

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¶7. (SBU) Both UNAIDS and USAID suggest that the most cost-effective way to maintain low HIV prevalence is to provide prevention through behavior change interventions to large proportion of groups with highest risk behaviors. Current interventions towards such groups include:

--Internal Migrant Workers: In 2005, partnering with a local NGO, IOM trained peer educators in a two-day workshop. The project found that poverty and a lack of awareness made women traveling from rural areas particularly vulnerable.

--IDPs: No official studies on HIV/AIDS and IDPs exist as their transitory situation inhibits follow-up. HIV/AIDS education remains minimal, largely restricted to posters in camps and a few youth life skills workshops in the East.

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--Overseas Domestic Workers: The Ministry of Labor Relations and Foreign Employment (MOLRFE) currently conducts HIV/AIDS awareness programs for women leaving for the Middle East to work as domestic housemaids (a major source of remittance income in Sri Lanka). Existing data suggests that this group is possibly exploited for sex work abroad.

--Male Migrant Workers: As part of their HIV/AIDS in the Workplace Program, ILO plans to train peer educators in 25 recruiting agencies. Indira Hettariarachchi, the National Program Coordinator, acknowledged that behavior change strategies and follow-up monitoring would be difficult with this group because it was a one-time intervention.

--Drug Users: According to Leno, the driving force behind HIV growth in Asia is intravenous drug use. Unofficially, intravenous drug use has been reported, and a recent assessment found that users engaged in risky behaviors such as sex with multiple partners, no condoms, and casual sex. Persecution by the police and stigma inhibit interventions and HIV testing within this group.

--Child Sex Workers: Apparently there are no HIV/AIDS programs in Sri Lanka targeting child sex workers. Maureen Seneviratne, director of PEACE, an NGO that raises awareness of the commercial exploitation of children, estimated that at least 5,000 male children work as sex workers in beach and mountain resort areas. According to Leno, Sri Lanka's National Child Protection Agency (NCPA) has a good system of identifying foreign pedophiles but the majority of child exploitation is local and often within families.

#### FUTURE PROSPECTS

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¶8. (U) USAID Funding: USAID is collecting bids for an organization to offer capacity-building to more grassroots NGOs and Community Based Organizations to enhance their effectiveness in HIV/AIDS prevention activities for at-risk groups.

¶9. (U) UNAIDS Activities: With a focus on risk and vulnerability in 2006, UNAIDS activities fall under three

main categories: prevention, targeting at-risk populations, and stigma and discrimination. UNAIDS still needs additional funds, however, to expand to new risk groups, increase the scale of its current interventions, support its move from lecture-style to behavioral change-type interventions, integrate its efforts into other health initiatives, involve more stakeholders, and build local capacity.

¶10. (U) International Congress on AIDS in Asia and the Pacific (ICAAP): From August 19-23, Sri Lanka will host the annual ICAAP meeting, which will bring together politicians, government officials, medical experts, academics, people living with HIV/AIDS, community workers, and the media, to discuss issues facing the epidemic in this region. AIDS activist De Rose stressed the need for ICAAP topics to extend beyond discussions of appropriate medical treatment to include rights-based approaches, participatory methods, and patient care.

Comment

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¶11. (SBU) Considering the limited impact of previous HIV/AIDS awareness, prevention, and stigma reduction activities, it remains to be seen if the recent policy turn of using more targeted behavioral change strategies towards at-risk populations will have a greater effect. The small numbers and areas currently targeted in pilot projects speak

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to the need for greater financial, human, and technical resources to expand programs to reach the threshold necessary to change attitudes and behaviors. Difficulty in follow-up for at-risk groups due to stigma and discrimination pose greater challenges for impact assessments. Such evaluations are necessary for policymakers to assess the ability of their programs to hinder the spread of HIV through behavior change. End Comment  
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